

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing is the patent application of -

Inventor(s): Hector VARGAS-GARZA

For: PROCEDURE FOR THE PREPARATION OF MICROBIOLOGICAL ASSOCIATIONS  
INTENDED TO STRENGTHEN THE MEDICINAL HERB'S THERAPEUTIC  
QUALITIES

Enclosed are:

- ☒ Application with executed/~~unexecuted~~ declaration.  
 \_\_\_\_\_ ( ) sheet(s) of informal/formal drawing(s).  
☒ Applicant(s) and assignee are entitled to, and claim hereby,  
 small entity status for the attached application in  
 accordance with 37 CFR 1.27 (a) and (c).  
 \_\_\_\_\_ Associate Power of Attorney.  
☒ Application Data Sheet.  
 \_\_\_\_\_ Information Disclosure Statement.

The filing fee has been calculated as follows:

For	#Claims Filed	#Claims Extra	Small Entity		Other Than A	
			Rate	Fee	Small Rate	Entity Fee
Basic Fee .....				\$ 385	.....	\$ 770
Total Claims <u>04</u> - 20 = <u>0</u>			x \$ 9	\$ -0-	x \$18	\$ _____
Indep Claims <u>01</u> - 3 = <u>0</u>			x \$43	\$ -0-	x \$86	\$ _____
Mul Dep Claim Presented.....			x\$145	\$ -0-	x\$290	\$ _____
			TOTAL	\$ <u>385</u>	TOTAL	\$ _____

A check in the amount of \$ 385.00 is attached hereto.

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit Account No. 02-3690. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of any filing fees under 37 CFR 1.16 for presentation of extra claims during the pendency of this application or credit any overpayment to Deposit Account No. 02-3690. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

By

*Mary T. Breiner*  
\_\_\_\_\_  
Attorney of Record

Date: October 24, 2003  
P.O. Box 19290  
Alexandria, VA 22320-0290  
Telephone (703) 684-6885

17548 U.S. PTO  
10/691622

